

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Dept. of Administration  
Municipal Boundary Review  
PO Box 1645  
Madison WI 53701-1645

2. Article Number

(Transfer from service label)

7011 2970 0003 6566 0139

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*John Doucette*

- Agent
- Addressee

B. Received by (Printed Name)

John C. Doucette

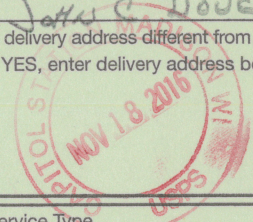
C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes



UNITED STATES POSTAL SERVICE

WI 532

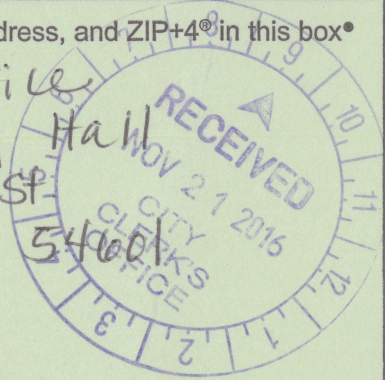
18 NOV '16



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

City Clerk's Office  
La Crosse City Hall  
400 La Crosse St  
La Crosse WI 54601



Ord. 4956

